PTO/SB/17 (10-07)

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Under the Paperwork Redu	CHOILACLUL 18	oa, no person are requi	ea to i	espond to a conection				COMICS HUMBEL				
Effective Fees pursuant to the Consolidation	· · · · · · · · · · · · · · · · · · ·		plete if Known 10/529,473-Conf. #8171									
·			March 28, 2005									
FEE TRA			Jarmo RUOHONEN									
For	First Named Inventor Jarmo RUOHONEN Examiner Name Not Yet Assigned											
Applicant claims small		Art Unit N/A										
TOTAL AMOUNT OF PAYME	NT	(\$) 1,050.00		Attorney Docket No. 0365-0625PUS1								
(4) Typodio Auditoj Dosinot II.												
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order Other (please identify):												
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION												
1. BASIC FILING, SEARCI	H, AND EXA	MINATION FEES										
,	•	NG FEES	SEA	ARCH FEES	EXAMI	NATION FEES						
Application Type	Fee (\$)	Small Entity Fee (\$) F	ee (\$`	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Face D	aid (\$)				
Utility	310	155	510	255	210	105	1 663 1	aru (v)				
Design	210		100	50	130	65	•	 -				
Plant	210		310	155	160	80						
Reissue	310	155	510	255	620	310	•					
Provisional	210	105	0.0	233	020	0						
	210	103	U	V	U	U		Small Entity				
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)												
Fee Description Each claim over 20 (including Reissues) 50 25												
Each independent claim over 3 (including Reissues)								105				
Multiple dependent claims							370	185				
				'aid (\$)	<u>M</u>	ultiple Depende	nt Claims					
17 - 20 =	<u>0</u> x	50.00 =	0.	00	Fee (\$)		ee Paid (\$)					
HP = highest number of total cla	ims paid for, if	greater than 20.										
Indep. Claims Extra	Claims	Fee (\$)	Fee P	'aid (\$)								
1 -3=		<u> 210.00</u> =		.00								
HP = highest number of indeper	ndent claims pa	id for, if greater than 3.										
3. APPLICATION SIZE FE		1100 1				1. 4						
If the specification and dr listings under 37 CFR	awings exce	eca 100 sneets of p	aper (excluding electr	onicany n or small e	rea sequence or a	computer Iditional 50) I				
sheets or fraction there					OI SIIIAII C	intity) for each ac	Junional St	´				
	xtra Sheets			dditional 50 or frac	tion therec	of Fee (\$)	Fee l	Paid (\$)				
- 100 =		/50 =		(round up to a who	de number)	x=	<u> </u>					
4. OTHER FEE(S)		~					Fees	Paid (\$)				
Non-English Specification, \$130 from Small entity discount)												
Other (e.g., late filing surchance), 1253 Extension for response within third month 1,050.00												
SUBMITTED BY												
gnature			Registration No. (Attorney/Agent)	29,680	Telephone	Telephone (703) 205-8000						
Name (Print/Type) Michael	K. Mutter					Date	April 3,	2008				
						·						

AMENDMENT TRANSMITTAL LETTER						Docket No. 0365-0625PUS1				
Application No.		Filing	Date	Examiner	Art Unit					
10/529,473-Conf. #8171		March 28	I	Not Yet Assign	ned					
Applicant(s): Jarı	no RUOHONE	:N								
	OD FOR THRE CTURES THEF		NAL MODEL	ING OF THE SKULI	L AND IN	TERNAL				
MS Amendment Commissioner for P.O. Box 1450 Alexandria, VA 22:										
-		ndment in the	above-identif	ied application.						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.										
CLAIMS AS AMENDED										
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate						
Total Claims	17	- 20 =	0	x 50.00		0.00				
Independent Claims	1	- 3 =	0	x 210.00		0.00				
Multiple Dependent Claims (check if applicable)										
Other fee (pleas				nira month		1,050.00				
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:			1,050.00				
X Please char A duplicate	al fee is require	count No0 eet is enclosed)2-2448 <u> </u>	Small Entity n the amount of \$ _	1,050	.00				
Payment by	credit card. Fo	orm PTO-2038	is attached.							
as described	d below. A dur	Heate copy of	this sheet is o	Deposit Account Nenclosed.	··	2-2448 16 and 1.17.				
				Dated:	April 3	2008				
Michael K. Mut Attorney Reg. N				Daled.	<u> </u>	2000				
BIRCH, STEW 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, V (703) 205-8000	e Road 'irginia 22040-		_P							

Birch, Stewart, Kolasch & Birch, LLP MKM/WCJ/kcm